



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Afterschool Extracurricular and Supplemental Programs Parent/Legal Guardian Authorization Form**

**Required for participation in any and all afterschool clubs, events, activities or supplemental programs**

Student Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Club/Activity/Event Name: mindfulness

Description or nature of the club, activity or event:  
a mindfulness group focus on skills to help students relax and focus.

Date the club, activity or event will begin: September 11, 2023 9/18, 10/2, 10/16, 10/30  
11/13, 12/4, 12/18, 1/29,

Date the club, activity or event will end: April 29, 2024 2/5, 2/26, 3/4, 3/18, 4/1,  
4/15, 4/29

Location of the club, activity, or event: Lecture Hall

Name(s) of club, activity, or event sponsor(s): DANKATZ

Types of guests that may attend the club, activity, or event: Ms. Thomas for Mindful Movement

Scheduled Days of the Week: (Circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Scheduled Time: From 3:00 To 4:30

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2023-24 school year.

Name of Parent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Scheduled days of the week and times may vary throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting time or day.

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

***This form must be submitted and retained by the club, activity, or event sponsor prior to student participation.***